



Debtor 1 **Robert Glenn Landis**

Case number (if known) \_\_\_\_\_

**About Debtor 1:**

3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)

xxx - xx - 9 9 7 3

OR

9xx - xx - \_\_\_\_\_

4. Your Employer Identification Number (EIN), if any.

\_\_\_\_ - \_\_\_\_\_  
EIN

\_\_\_\_ - \_\_\_\_\_  
EIN

5. Where you live

**124 Woodys Place**

Number Street

**Winchester VA 22602**

City State ZIP Code

**Frederick**

County

**If your mailing address is different from the one above, fill it in here.** Note that the court will send any notices to you at this mailing address.

\_\_\_\_\_  
Number Street

\_\_\_\_\_  
P.O. Box

\_\_\_\_\_  
City State ZIP Code

6. Why you are choosing this district to file for bankruptcy

*Check one:*

☒ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☐ I have another reason. Explain.  
(See 28 U.S.C. § 1408.)

**About Debtor 2 (Spouse Only in a Joint Case):**

xxx - xx - \_\_\_\_\_

OR

9xx - xx - \_\_\_\_\_

\_\_\_\_ - \_\_\_\_\_  
EIN

\_\_\_\_ - \_\_\_\_\_  
EIN

**If Debtor 2 lives at a different address:**

\_\_\_\_\_  
Number Street

\_\_\_\_\_  
City State ZIP Code

\_\_\_\_\_  
County

**If Debtor 2's mailing address is different from yours, fill it in here.** Note that the court will send any notices to you at this mailing address.

\_\_\_\_\_  
Number Street

\_\_\_\_\_  
P.O. Box

\_\_\_\_\_  
City State ZIP Code

*Check one:*

☐ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☐ I have another reason. Explain.  
(See 28 U.S.C. § 1408.)

**Part 2: Tell the Court About Your Bankruptcy Case**

7. The chapter of the Bankruptcy Code you are choosing to file under

*Check one:* (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.

☐ Chapter 7

☒ Chapter 11

☐ Chapter 12

☐ Chapter 13

Debtor 1 Robert Glenn Landis Case number (if known) \_\_\_\_\_

8. How you will pay the fee ☒ **I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.
- ☐ **I need to pay the fee in installments.** If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A).
- ☐ **I request that my fee be waived** (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition.
9. Have you filed for bankruptcy within the last 8 years? ☒ No
- ☐ Yes.
- District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY
- District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY
- District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY
10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? ☒ No
- ☐ Yes.
- Debtor \_\_\_\_\_ Relationship to you \_\_\_\_\_
- District \_\_\_\_\_ When \_\_\_\_\_ Case number, \_\_\_\_\_  
MM / DD / YYYY if known
- Debtor \_\_\_\_\_ Relationship to you \_\_\_\_\_
- District \_\_\_\_\_ When \_\_\_\_\_ Case number, \_\_\_\_\_  
MM / DD / YYYY if known
11. Do you rent your residence? ☒ No. Go to line 12.
- ☐ Yes. Has your landlord obtained an eviction judgment against you?
- ☐ No. Go to line 12.
- ☐ Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it as part of this bankruptcy petition.

Debtor 1 Robert Glenn Landis Case number (if known) \_\_\_\_\_

**Part 3: Report About Any Businesses You Own as a Sole Proprietor**

12. Are you a sole proprietor of any full- or part-time business?
- ☒ No. Go to Part 4.  
☐ Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

\_\_\_\_\_  
Name of business, if any

\_\_\_\_\_  
Number Street

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP Code

*Check the appropriate box to describe your business:*

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))  
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))  
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))  
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))  
☐ None of the above

13. Are you filing under Chapter 11 of the Bankruptcy Code, and are you a *small business debtor* or a debtor as defined by 11 U.S.C. § 1182(1)?

For a definition of small business debtor, see 11 U.S.C. § 101(51D).

*If you are filing under Chapter 11, the court must know whether you are a small business debtor or a debtor choosing to proceed under Subchapter V so that it can set appropriate deadlines. If you indicate that you are a small business debtor or you are choosing to proceed under Subchapter V, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).*

- ☐ No. I am not filing under Chapter 11.  
☐ No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.  
☐ Yes. I am filing under Chapter 11, I am a small business debtor according to the definition in the Bankruptcy Code, and I do not choose to proceed under Subchapter V of Chapter 11.  
☒ Yes. I am filing under Chapter 11, I am a debtor according to the definition in § 1182(1) of the Bankruptcy Code, and I choose to proceed under Subchapter V of Chapter 11.

**Part 4: Report If You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention**

14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?
- ☒ No  
☐ Yes. What is the hazard?

If immediate attention is needed, why is it needed?

*For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?*

\_\_\_\_\_  
Where is the property?

\_\_\_\_\_  
Number Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP Code

Debtor 1 **Robert Glenn Landis**

Case number (if known) \_\_\_\_\_

**Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling**

**15. Tell the court whether you have received a briefing about credit counseling.**

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

**About Debtor 1:**

*You must check one:*

- ☒ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- ☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

- ☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ **I am not required to receive a briefing about credit counseling because of:**

- ☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.
- ☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.
- ☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

**About Debtor 2 (Spouse Only in a Joint Case):**

*You must check one:*

- ☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- ☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

- ☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ **I am not required to receive a briefing about credit counseling because of:**

- ☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.
- ☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.
- ☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1 **Robert Glenn Landis**

Case number (if known) \_\_\_\_\_

**Part 6: Answer These Questions for Reporting Purposes**

- 16. What kind of debts do you have?**
- 16a. **Are your debts primarily consumer debts?** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."
- ☒ No. Go to line 16b.
- ☐ Yes. Go to line 17.
- 16b. **Are your debts primarily business debts?** *Business debts* are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.
- ☐ No. Go to line 16c.
- ☒ Yes. Go to line 17.
- 16c. State the type of debts you owe that are not consumer or business debts.
- 
- 17. Are you filing under Chapter 7?**
- ☒ No. I am not filing under Chapter 7. Go to line 18.
- ☐ Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?
- ☐ No
- ☐ Yes
- 18. How many creditors do you estimate that you owe?**
- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> 1-49 | <input type="checkbox"/> 1,000-5,000   | <input type="checkbox"/> 25,001-50,000     |
| <input type="checkbox"/> 50-99           | <input type="checkbox"/> 5,001-10,000  | <input type="checkbox"/> 50,001-100,000    |
| <input type="checkbox"/> 100-199         | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999         |  |  |
- 19. How much do you estimate your assets to be worth?**
- |  |  |  |
|--|--|--|
| <input type="checkbox"/> \$0-\$50,000          | <input checked="" type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion     |
| <input type="checkbox"/> \$50,001-\$100,000    | <input type="checkbox"/> \$10,000,001-\$50 million           | <input type="checkbox"/> \$1,000,000,001-\$10 billion  |
| <input type="checkbox"/> \$100,001-\$500,000   | <input type="checkbox"/> \$50,000,001-\$100 million          | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million         | <input type="checkbox"/> More than \$50 billion        |
- 20. How much do you estimate your liabilities to be?**
- |  |  |  |
|--|--|--|
| <input type="checkbox"/> \$0-\$50,000          | <input checked="" type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion     |
| <input type="checkbox"/> \$50,001-\$100,000    | <input type="checkbox"/> \$10,000,001-\$50 million           | <input type="checkbox"/> \$1,000,000,001-\$10 billion  |
| <input type="checkbox"/> \$100,001-\$500,000   | <input type="checkbox"/> \$50,000,001-\$100 million          | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million         | <input type="checkbox"/> More than \$50 billion        |

Debtor 1 Robert Glenn Landis Case number (if known) \_\_\_\_\_

**Part 7: Sign Below**

**For you**

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**X** /s/ Robert Glenn Landis  
Robert Glenn Landis, Debtor 1

Executed on 03/05/2024  
MM / DD / YYYY

**X** \_\_\_\_\_  
Signature of Debtor 2

Executed on \_\_\_\_\_  
MM / DD / YYYY

Debtor 1 Robert Glenn Landis Case number (if known) \_\_\_\_\_

**For your attorney, if you are represented by one**

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

**If you are not represented by an attorney, you do not need to file this page.**

**X /s/ David Cox for Cox Law Group, PLLC** Date **03/05/2024**  
Signature of Attorney for Debtor MM / DD / YYYY

**David Cox for Cox Law Group, PLLC**

Printed name

**Cox Law Group, PLLC**

Firm Name

**900 Lakeside Drive**

Number Street

**Lynchburg**

City

**VA**

State

**24501-3602**

ZIP Code

Contact phone **(434) 845-2600**

Email address \_\_\_\_\_

**38670**

Bar number

State



**Fill in this information to identify your case:**

Debtor 1 **Robert** **Glenn** **Landis**  
First Name Middle Name Last Name

Debtor 2  
 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **WESTERN DISTRICT OF VIRGINIA**

Case number  
 (if known) \_\_\_\_\_

☐ Check if this is an amended filing

**Official Form 104**

**For Individual Chapter 11 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims Against You and Are Not Insiders**

12/15

If you are an individual filing for bankruptcy under Chapter 11, you must fill out this form. If you are filing under Chapter 7, Chapter 12, or Chapter 13, do not fill out this form. Do not include claims by anyone who is an insider. Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20 percent or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Also, do not include claims by secured creditors unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information.

**Part 1: List the 20 Unsecured Claims in Order from Largest to Smallest. Do Not Include Claims by Insiders.**

|          |   | What is the nature of the claim?   | Unsecured claim     |
|----------|---|--|---------------------|
| <b>1</b> | <b>U.S. Small Business Administration</b><br>Creditor's name<br><b>PO Box 740192</b><br><small>Number Street</small><br><br><b>Atlanta GA 30374</b><br><small>City State ZIP Code</small><br><br>Contact<br><br>Contact phone                       | <b>Guaranty</b><br>As of the date you file, the claim is: Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><input checked="" type="checkbox"/> None of the above apply<br>Does the creditor have a lien on your property?<br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes. Total claim (secured and unsecured): _____<br>Value of security <b>-</b> _____<br>Unsecured claim: _____ | <b>\$539,719.00</b> |
| <b>2</b> | <b>Wells Fargo Commerical Distribution Finance, LLC</b><br>Creditor's name<br><b>10 South Wacker Drive</b><br><small>Number Street</small><br><br><b>Chicago IL 60606</b><br><small>City State ZIP Code</small><br><br>Contact<br><br>Contact phone | <b>Judgment</b><br>As of the date you file, the claim is: Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><input checked="" type="checkbox"/> None of the above apply<br>Does the creditor have a lien on your property?<br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes. Total claim (secured and unsecured): _____<br>Value of security <b>-</b> _____<br>Unsecured claim: _____ | <b>\$292,777.00</b> |

Debtor 1 Robert Glenn Landis Case number (if known) \_\_\_\_\_

|          |   |  | <b>Unsecured claim</b> |
|----------|---|--|------------------------|
| <b>3</b> | <b>FC Marketplace, LLC</b><br>Creditor's name<br><b>707 17th St #2200</b><br>Number Street<br><br><b>Denver CO 80202</b><br>City State ZIP Code<br><br>Contact<br><br>Contact phone | <b>What is the nature of the claim?</b> <u>guaranty</u><br><b>As of the date you file, the claim is:</b> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input checked="" type="checkbox"/> Disputed<br><input type="checkbox"/> None of the above apply<br><b>Does the creditor have a lien on your property?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes. Total claim (secured and unsecured): _____<br>Value of security <u>—</u><br>Unsecured claim: _____ | <b>\$262,131.00</b>    |
| <b>4</b> | <b>Ernest Smith</b><br>Creditor's name<br><b>PO Box 952</b><br>Number Street<br><br><b>Broadway VA 22815</b><br>City State ZIP Code<br><br>Contact<br><br>Contact phone             | <b>What is the nature of the claim?</b> <u>Guaranty</u><br><b>As of the date you file, the claim is:</b> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><input checked="" type="checkbox"/> None of the above apply<br><b>Does the creditor have a lien on your property?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes. Total claim (secured and unsecured): _____<br>Value of security <u>—</u><br>Unsecured claim: _____ | <b>\$229,607.00</b>    |
| <b>5</b> | <b>Ernest Smith</b><br>Creditor's name<br><b>PO Box 952</b><br>Number Street<br><br><b>Broadway VA 22815</b><br>City State ZIP Code<br><br>Contact<br><br>Contact phone             | <b>What is the nature of the claim?</b> <u>Guaranty</u><br><b>As of the date you file, the claim is:</b> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><input checked="" type="checkbox"/> None of the above apply<br><b>Does the creditor have a lien on your property?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes. Total claim (secured and unsecured): _____<br>Value of security <u>—</u><br>Unsecured claim: _____ | <b>\$172,205.00</b>    |
| <b>6</b> | <b>Queen Funding</b><br>Creditor's name<br><b>77 Water Street</b><br>Number Street<br><br><b>New York NY 10005</b><br>City State ZIP Code<br><br>Contact<br><br>Contact phone       | <b>What is the nature of the claim?</b> <u>Guaranty</u><br><b>As of the date you file, the claim is:</b> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input checked="" type="checkbox"/> Disputed<br><input type="checkbox"/> None of the above apply<br><b>Does the creditor have a lien on your property?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes. Total claim (secured and unsecured): _____<br>Value of security <u>—</u><br>Unsecured claim: _____ | <b>\$149,000.00</b>    |

|          |                            |                              |
|----------|----------------------------|------------------------------|
| Debtor 1 | <b>Robert Glenn Landis</b> | Case number (if known) _____ |
|----------|----------------------------|------------------------------|

  

|          |  |  |                        |
|----------|--|--|------------------------|
| <b>7</b> | <b>Northpoint Commercial Finance</b>   | <b>What is the nature of the claim? Guaranty</b>                         | <b>Unsecured claim</b> |
|          | Creditor's name                        | As of the date you file, the claim is: Check all that apply.             | <b>\$67,856.00</b>     |
|          | <b>225 Broadhollow Road, Suite 150</b> | <input type="checkbox"/> Contingent                                      |                        |
|          | Number Street                          | <input type="checkbox"/> Unliquidated                                    |                        |
|          |  | <input checked="" type="checkbox"/> Disputed                             |                        |
|          |  | <input type="checkbox"/> None of the above apply                         |                        |
|          | <b>Melville NY 11747-4822</b>          | <b>Does the creditor have a lien on your property?</b>                   |                        |
|          | City State ZIP Code                    | <input checked="" type="checkbox"/> No                                   |                        |
|          | Contact                                | <input type="checkbox"/> Yes. Total claim (secured and unsecured): _____ |                        |
|          | Contact phone                          | Value of security <b>—</b> _____   |                        |
|          |  | Unsecured claim: _____   |                        |

  

|          |                          |  |                        |
|----------|--------------------------|--|------------------------|
| <b>8</b> | <b>Ernest Smith</b>      | <b>What is the nature of the claim? Guaranty</b>                         | <b>Unsecured claim</b> |
|          | Creditor's name          | As of the date you file, the claim is: Check all that apply.             | <b>\$58,974.00</b>     |
|          | <b>PO Box 952</b>        | <input type="checkbox"/> Contingent                                      |                        |
|          | Number Street            | <input type="checkbox"/> Unliquidated                                    |                        |
|          |                          | <input type="checkbox"/> Disputed  |                        |
|          |                          | <input checked="" type="checkbox"/> None of the above apply              |                        |
|          | <b>Broadway VA 22815</b> | <b>Does the creditor have a lien on your property?</b>                   |                        |
|          | City State ZIP Code      | <input checked="" type="checkbox"/> No                                   |                        |
|          | Contact                  | <input type="checkbox"/> Yes. Total claim (secured and unsecured): _____ |                        |
|          | Contact phone            | Value of security <b>—</b> _____   |                        |
|          |                          | Unsecured claim: _____   |                        |

  

|          |                                   |  |                        |
|----------|-----------------------------------|--|------------------------|
| <b>9</b> | <b>On Deck Capital, Inc.</b>      | <b>What is the nature of the claim? Guaranty</b>                         | <b>Unsecured claim</b> |
|          | Creditor's name                   | As of the date you file, the claim is: Check all that apply.             | <b>\$47,407.00</b>     |
|          | <b>901 N Stuart St, Suite 700</b> | <input type="checkbox"/> Contingent                                      |                        |
|          | Number Street                     | <input type="checkbox"/> Unliquidated                                    |                        |
|          |                                   | <input checked="" type="checkbox"/> Disputed                             |                        |
|          |                                   | <input type="checkbox"/> None of the above apply                         |                        |
|          | <b>Arlington VA 22203</b>         | <b>Does the creditor have a lien on your property?</b>                   |                        |
|          | City State ZIP Code               | <input checked="" type="checkbox"/> No                                   |                        |
|          | Contact                           | <input type="checkbox"/> Yes. Total claim (secured and unsecured): _____ |                        |
|          | Contact phone                     | Value of security <b>—</b> _____   |                        |
|          |                                   | Unsecured claim: _____   |                        |

  

|           |   |  |                        |
|-----------|---|--|------------------------|
| <b>10</b> | <b>National Fruit Product Company, Inc.</b> | <b>What is the nature of the claim? Disputes Guaranty</b>                | <b>Unsecured claim</b> |
|           | Creditor's name                             | As of the date you file, the claim is: Check all that apply.             | <b>\$46,455.00</b>     |
|           | <b>701 Fairmont Ave</b>                     | <input type="checkbox"/> Contingent                                      |                        |
|           | Number Street                               | <input type="checkbox"/> Unliquidated                                    |                        |
|           |   | <input checked="" type="checkbox"/> Disputed                             |                        |
|           |   | <input type="checkbox"/> None of the above apply                         |                        |
|           | <b>Winchester VA 22601</b>                  | <b>Does the creditor have a lien on your property?</b>                   |                        |
|           | City State ZIP Code                         | <input checked="" type="checkbox"/> No                                   |                        |
|           | Contact                                     | <input type="checkbox"/> Yes. Total claim (secured and unsecured): _____ |                        |
|           | Contact phone                               | Value of security <b>—</b> _____   |                        |
|           |   | Unsecured claim: _____   |                        |

Debtor 1 Robert Glenn Landis Case number (if known) \_\_\_\_\_

|           |   |   | <b>Unsecured claim</b> |
|-----------|---|---|------------------------|
| <b>11</b> | <b>JP Morgan Chase</b><br>Creditor's name<br><b>PO Box 24696</b><br>Number Street<br><br><b>Columbus OH 43224</b><br>City State ZIP Code<br><br>Contact<br><br>Contact phone                                | <b>What is the nature of the claim?</b> <u>Credit Card</u><br><b>As of the date you file, the claim is:</b> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><input checked="" type="checkbox"/> None of the above apply<br><b>Does the creditor have a lien on your property?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes. Total claim (secured and unsecured): _____<br>Value of security <u>—</u><br>Unsecured claim: _____       | <b>\$36,410.00</b>     |
| <b>12</b> | <b>Chase Card Services</b><br>Creditor's name<br><b>Attn: Bankruptcy</b><br>Number Street<br><b>P.O. 15298</b><br><br><b>Wilmington DE 19850</b><br>City State ZIP Code<br><br>Contact<br><br>Contact phone | <b>What is the nature of the claim?</b> <u>Credit Card</u><br><b>As of the date you file, the claim is:</b> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><input checked="" type="checkbox"/> None of the above apply<br><b>Does the creditor have a lien on your property?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes. Total claim (secured and unsecured): _____<br>Value of security <u>—</u><br>Unsecured claim: _____       | <b>\$36,409.00</b>     |
| <b>13</b> | <b>Credit Control, LLC</b><br>Creditor's name<br><b>3300 Rider Trail S Suite 500</b><br>Number Street<br><br><b>Earth City MO 63045</b><br>City State ZIP Code<br><br>Contact<br><br>Contact phone          | <b>What is the nature of the claim?</b> <u>Credit Card</u><br><b>As of the date you file, the claim is:</b> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><input checked="" type="checkbox"/> None of the above apply<br><b>Does the creditor have a lien on your property?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes. Total claim (secured and unsecured): _____<br>Value of security <u>—</u><br>Unsecured claim: _____       | <b>\$19,471.63</b>     |
| <b>14</b> | <b>Estate of Carey W. Brincefield</b><br>Creditor's name<br><b>16809 Norbrook Drive</b><br>Number Street<br><br><b>Olney MD 20832</b><br>City State ZIP Code<br><br>Contact<br><br>Contact phone            | <b>What is the nature of the claim?</b> <u>Disputes Guaranty</u><br><b>As of the date you file, the claim is:</b> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input checked="" type="checkbox"/> Disputed<br><input type="checkbox"/> None of the above apply<br><b>Does the creditor have a lien on your property?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes. Total claim (secured and unsecured): _____<br>Value of security <u>—</u><br>Unsecured claim: _____ | <b>\$15,000.00</b>     |

Debtor 1 Robert Glenn Landis Case number (if known) \_\_\_\_\_

|           |  |   |  |
|-----------|--|---|--|
| <b>15</b> | <b>Wells Fargo Bank NA</b><br>Creditor's name<br><b>Attn: Bankruptcy</b><br>Number Street<br><b>1 Home Campus MAC X2303-01A 3rd f</b><br><br><b>Des Moines IA 50328</b><br>City State ZIP Code<br><br>Contact<br><br>Contact phone | What is the nature of the claim? <u>Credit Card</u><br>As of the date you file, the claim is: Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><input checked="" type="checkbox"/> None of the above apply<br>Does the creditor have a lien on your property?<br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes. Total claim (secured and unsecured): _____<br>Value of security <u>—</u><br>Unsecured claim: _____          | <b>Unsecured claim</b><br><b>\$14,613.00</b> |
| <b>16</b> | <b>Internal Revenue Service***</b><br>Creditor's name<br><b>P O Box 7346</b><br>Number Street<br><br><b>Philadelphia PA 19101</b><br>City State ZIP Code<br><br>Contact<br><br>Contact phone                                       | What is the nature of the claim? <u>Federal Income Taxes</u><br>As of the date you file, the claim is: Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><input checked="" type="checkbox"/> None of the above apply<br>Does the creditor have a lien on your property?<br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes. Total claim (secured and unsecured): _____<br>Value of security <u>—</u><br>Unsecured claim: _____ | <b>\$13,417.00</b>                           |
| <b>17</b> | <b>Wells Fargo Small Business Lending</b><br>Creditor's name<br><b>MAC N9777-01B</b><br>Number Street<br><b>PO Box 5511</b><br><br><b>Sioux Falls SD 57117</b><br>City State ZIP Code<br><br>Contact<br><br>Contact phone          | What is the nature of the claim? <u>Credit Card</u><br>As of the date you file, the claim is: Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><input checked="" type="checkbox"/> None of the above apply<br>Does the creditor have a lien on your property?<br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes. Total claim (secured and unsecured): _____<br>Value of security <u>—</u><br>Unsecured claim: _____          | <b>\$10,157.00</b>                           |
| <b>18</b> | <b>Capital One</b><br>Creditor's name<br><b>Attn: Bankruptcy</b><br>Number Street<br><b>PO Box 30285</b><br><br><b>Salt Lake City UT 84130</b><br>City State ZIP Code<br><br>Contact<br><br>Contact phone                          | What is the nature of the claim? <u>Charge Account</u><br>As of the date you file, the claim is: Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><input checked="" type="checkbox"/> None of the above apply<br>Does the creditor have a lien on your property?<br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes. Total claim (secured and unsecured): _____<br>Value of security <u>—</u><br>Unsecured claim: _____       | <b>\$8,550.00</b>                            |

Debtor 1 Robert Glenn Landis Case number (if known) \_\_\_\_\_

|           |                            |  |                       |                        |
|-----------|----------------------------|--|-----------------------|------------------------|
| <b>19</b> | <b>Discover Financial</b>  | <b>What is the nature of the claim?</b>                                  | <b>Credit Card</b>    | <b>Unsecured claim</b> |
|           | Creditor's name            |  |                       |                        |
|           | <b>Attn: Bankruptcy</b>    | <b>As of the date you file, the claim is:</b>                            | Check all that apply. |                        |
|           | Number Street              | <input type="checkbox"/> Contingent                                      |                       |                        |
|           | <b>PO Box 3025</b>         | <input type="checkbox"/> Unliquidated                                    |                       |                        |
|           |                            | <input type="checkbox"/> Disputed  |                       |                        |
|           |                            | <input checked="" type="checkbox"/> None of the above apply              |                       |                        |
|           | <b>New Albany OH 43054</b> | <b>Does the creditor have a lien on your property?</b>                   |                       |                        |
|           | City State ZIP Code        | <input checked="" type="checkbox"/> No                                   |                       |                        |
|           | Contact                    | <input type="checkbox"/> Yes. Total claim (secured and unsecured): _____ |                       |                        |
|           | Contact phone              | Value of security <b>-</b> _____   |                       |                        |
|           |                            | Unsecured claim: _____   |                       |                        |

|           |                                  |  |                       |                        |
|-----------|----------------------------------|--|-----------------------|------------------------|
| <b>20</b> | <b>Winchester Medical Center</b> | <b>What is the nature of the claim?</b>                                  | <b>Collection</b>     | <b>Unsecured claim</b> |
|           | Creditor's name                  |  |                       |                        |
|           | <b>n/k/a Valley Health</b>       | <b>As of the date you file, the claim is:</b>                            | Check all that apply. |                        |
|           | Number Street                    | <input type="checkbox"/> Contingent                                      |                       |                        |
|           | <b>1840 Amherst St.</b>          | <input type="checkbox"/> Unliquidated                                    |                       |                        |
|           |                                  | <input checked="" type="checkbox"/> Disputed                             |                       |                        |
|           |                                  | <input type="checkbox"/> None of the above apply                         |                       |                        |
|           | <b>Winchester VA 22601</b>       | <b>Does the creditor have a lien on your property?</b>                   |                       |                        |
|           | City State ZIP Code              | <input checked="" type="checkbox"/> No                                   |                       |                        |
|           | Contact                          | <input type="checkbox"/> Yes. Total claim (secured and unsecured): _____ |                       |                        |
|           | Contact phone                    | Value of security <b>-</b> _____   |                       |                        |
|           |                                  | Unsecured claim: _____   |                       |                        |

**Part 2: Sign Below**

Under penalty of perjury, I declare that the information provided in this form is true and correct.

**X** /s/ Robert Glenn Landis  
Robert Glenn Landis, Debtor 1  
Date 03/05/2024  
MM / DD / YYYY

**X** \_\_\_\_\_  
Signature of Debtor 2  
Date \_\_\_\_\_  
MM / DD / YYYY

**UNITED STATES BANKRUPTCY COURT  
WESTERN DISTRICT OF VIRGINIA  
HARRISONBURG DIVISION**

IN RE: **Robert Glenn Landis**

CASE NO

CHAPTER **11**

**VERIFICATION OF CREDITOR MATRIX**

The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date 3/5/2024

Signature /s/ Robert Glenn Landis  
Robert Glenn Landis

Date \_\_\_\_\_

Signature \_\_\_\_\_

118 Dowell J LLC  
177 Dairy Place  
Winchester VA 22602

177 Dairy Corner LLC  
177 Dairy Place  
Winchester VA 22602

189 Dairy Corner LLC  
177 Dairy Place  
Winchester VA 22602

Amur Equipment Finance, Inc.  
304 W. 3rd Street  
PO Box 2555  
Grand Island, NE 68801

Apex Cardmember Servic  
150 3rd Ave South  
Nashville, TN 37201

Bank of America, N.A. \*\*\*  
Legal Order Processing  
PO Box 15047  
Wilmington, DE19850-5047

Barclays Bank  
PO Box 8833  
Wilmington, DE 19899

Capital One  
Attn: Bankruptcy  
PO Box 30285  
Salt Lake City, UT 84130

Chase Card Services  
Attn: Bankruptcy  
P.O. 15298  
Wilmington, DE 19850



Credit Control Corporation  
Attn: Bankruptcy  
PO Box 120570  
Newport News, VA 23612

Credit Control, LLC  
3300 Rider Trail S Suite 500  
Earth City, MO 63045

Dairy Corner LLC  
177 Dairy Place  
Winchester VA 22602

Discover Financial  
Attn: Bankruptcy  
PO Box 3025  
New Albany, OH 43054

Ernest Smith  
PO Box 952  
Broadway, VA 22815

Estate of Carey W. Brincefield  
16809 Norbrook Drive  
Olney, MD 20832

FC Marketplace, LLC  
707 17th St #2200  
Denver, CO 80202

FC Marketplace, LLC  
Friedman, Framme & Thrush, PA  
10461 Mill run Circle, Suite 550  
Owings Mills, MD 21117

Forest Recovery Services, LLC  
PO Box 1580  
Clover SC 29710-4580

Frederick County Treasurers Office  
C, William Orndoff, Jr., MGT  
107 North Kent Street  
Winchester, VA 22601

Idea Financial  
200 SE 1st St, #200  
Miami, FL 33131

Internal Revenue Service\*\*\*  
P O Box 7346  
Philadelphia, PA 19101

JP Morgan Chase  
PO Box 24696  
Columbus, OH 43224

Lendmark Financial Ser  
2118 Usher St.  
Covington, GA 30014

Lendspark  
2554 Gateway Rd  
Carlsbad, CA 92009

LightspeedDMS, LLC  
c/o CST Co.  
PO Box 33127  
Louisville, KY 40232-3127

LightspeedDMS, LLC  
214 North Admiral Byrd Road, Suite, 150  
Salt Lake City, UT 84116

Maxx Powersport LLC  
207 Dairy Corner Place  
Winchester, VA 22602

National Fruit Product Company, Inc.  
701 Fairmont Ave  
Winchester, VA 22601

Northpoint Commercial Finance  
225 Broadhollow Road, Suite 150  
Melville, NY 11747-4822

Ocwen Loan Servicing, LLC  
Attn: Bankruptcy  
1661 Worthington Rd, Ste 100  
West Palm Beach, FL 33409

On Deck Capital, Inc.  
901 N Stuart St, Suite 700  
Arlington, VA 22203

On Deck Capital, Inc.  
c/o Aubrey Thrasher, LLC  
1170 Peachtree Street NE, Suite 1925  
Atlanta, GA 30309

PHH Mortgage Services  
PO Box 24738  
West Palm Beach, FL 33416

Pnc Bank National Association  
PO Box 5570`  
Cleveland, OH 44101-0570

Queen Funding  
77 Water Street  
New York, NY 10005

Specialized Loan Servicing LLC  
Attn: Bankruptcy  
P.O. Box 630147  
Littleton, CO 80163

TSI  
500 Virginia Drive, Ste. 514  
Fort Washington, PA 19034

U.S. Small Business Administration  
PO Box 740192  
Atlanta, GA 30374

U.S. Small Business Administration  
200 W. Santa Ana Blvd., Ste 740  
Santa Ana, CA 92701

Va Department Of Taxation\*  
Attn: Bankruptcy  
P O Box 2156  
Richmond, VA 23218-0000

Wells Fargo Bank NA  
Attn: Bankruptcy  
1 Home Campus MAC X2303-01A 3rd Floor  
Des Moines, IA 50328

Wells Fargo Bank, N.A.  
c/o Brock & Scott, PLLC  
1315 Westbrook Plaza Drive  
Winston-Salem, NC 27103

Wells Fargo Commercial Distribution Fin  
c/o Gross, Romanick, Dean & DeSimone, PC  
3975 University Drive, Ste 410  
Fairfax, VA 22030

Wells Fargo Commerical Distribution  
Finance, LLC  
10 South Wacker Drive  
Chicago, IL 60606

Wells Fargo Small Business Lending  
MAC N9777-01B  
PO Box 5511  
Sioux Falls, SD 57117

Winchester Medical Center  
n/k/a Valley Health  
1840 Amherst St.  
Winchester, VA 22601